DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: **04-46**	2. STATE **New York**
	3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE **October 1, 2004**	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: **42 CFR Part 447 Subpart F**	7. FEDERAL BUDGET IMPACT: a. FFY **2004-2005** **$0** b. FFY **2005-2006** **$0**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Attachment 4.19-B, Page 10-3b**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Attachment 4.19-B, Page 10-3b**

10. SUBJECT OF AMENDMENT:
Case Management Services – Flexible and Blended Case Management

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: Kathryn Kuhmerker	16. RETURN TO: **New York State Department of Health** **Office of Medicaid Management** **Corning Tower - Empire State Plaza** **Room 1466** **Albany, New York 12237**
13. TYPED NAME: **Kathryn Kuhmerker**	
14. TITLE: **Office of the Deputy Commissioner** **Department of Health**	
15. DATE SUBMITTED: December29, 2004	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: MAR 17 2005

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2004	20. SIGNATURE OF REGIONAL OFFICIAL: Sue Kelly
21. TYPED NAME: Sue Kelly	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS:

TYPE OF SERVICE

Case Management Services
Target Group D2:

Medicaid eligible individuals who:

(i) are seriously and persistently mentally ill, and

(ii) require intensive, personal and proactive intervention to help them obtain service, which will permit or enhance functioning in the community, and

(iii) either have symptomatology which is difficult to treat in the existing mental health care system; or are unwilling or unable to adapt to the existing mental health care system; or need support to maintain their treatment connections and/or residential settings.

METHOD OF REIMBURSEMENT

Each Flexible and Blended Case Management program will receive a regional rate approved by the Division of the Budget determined by its staffing combination (i.e., the number of Intensive Case Managers and Supportive Case Managers on a particular team). No bill can be generated for a particular client unless that client has received at least two face-to-face contacts during the month. [However, in order to bill] The program as a whole is required to [must] provide in the aggregate four visits times the number of Medicaid recipients per month per Intensive Case Management staff and two times the number of Medicaid recipients per month per Supportive Case Manager. For seriously emotionally disturbed children's programs or providers, up to 25% of the total required aggregate Intensive Case Management visits may be made to collaterals as defined in 14 NYCRR Part 587. For those programs which do not achieve the required number of contacts, billings associated with the difference between the required number of contacts and achieved number of contacts shall be withheld pursuant to a schedule furnished to the provider by the Office of Mental Health. Clients who appear [to be] ready for disenrollment from the program can be placed into transitional status. The program can bill for the individual in transitional status during that [period] month if the client receives a minimum of one visit, but in no instance may a client remain in transitional status for more than two months.